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Bib Data Sheet

CONFIRMATION NO. 1693

SERIAL NUMBER 09/781,128	FILING DATE 02/09/2001 RULE	CLASS 716	GROUP ART UNIT 2815	ATTORNEY DOCKET NO. MEGC116848
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APPLICANTS

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** CONTINUING DATA ***** none C.C.

** FOREIGN APPLICATIONS ***** none C.C.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 7	TOTAL CLAIMS 20/15	INDEPENDENT CLAIMS 12/6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Allowance: <i>C.C.</i> Initials:				

ADDRESS

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TITLE

Data management method for reticle/mask writing

FILING FEE RECEIVED 1832	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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